

<i>SERFF Tracking Number:</i>	<i>PHLX-125927996</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>#44444 \$50</i>
<i>Company Tracking Number:</i>	<i>PR AR0038302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Specialty & Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty & Training Schools/PR AR0038302F01</i>		

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Specialty & Training Schools	SERFF Tr Num: PHLX-125927996	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: #44444 \$50
Sub-TOI: 17.2019 Professional Errors & Omissions Liability	Co Tr Num: PR AR0038302F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 12/09/2008
	Date Submitted: 12/02/2008	Disposition Status: Approved
Effective Date Requested (New): 01/10/2009		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Specialty & Training Schools
 Project Number: PR AR0038302F01
 Reference Organization:
 Reference Title:
 Filing Status Changed: 12/09/2008
 State Status Changed: 12/09/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:

 Deemer Date:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval the attached Educators Professional Liability - Tutoring Operations Endorsement PI-VS-004 (10/08) for use with our currently approved Educational Schools program. This endorsement modifies the Commercial General Liability Coverage Part to provide coverage of damages arising from errors or omissions respecting tutoring services or admissions practices.

Rating for this form was previously approved in your state, effective February 26, 1996, under our filing number 72222.

SERFF Tracking Number: PHLX-125927996 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #44444 \$50
Company Tracking Number: PR AR0038302F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
Product Name: Specialty & Training Schools
Project Name/Number: Specialty & Training Schools/PR AR0038302F01

As we will be using currently approved rating, this filing will not have any rate level effect.

This is a new form. It does not replace any existing form.

A Forms Explanatory Memorandum is also attached. It provides additional detail about this endorsement.

We would like to implement this filing for policies effective on and after the earlier of January 10, 2009 or the first date possible after receiving your Department's approval.

Our domiciliary state of Pennsylvania approved this filing, effective January 10, 2009.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst
One Bala Plaza (610) 617-5980 [Phone]
Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

<i>SERFF Tracking Number:</i>	<i>PHLX-125927996</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>#44444 \$50</i>
<i>Company Tracking Number:</i>	<i>PR AR0038302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Specialty & Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty & Training Schools/PR AR0038302F01</i>		
Per Company:	No		

SERFF Tracking Number: *PHLX-125927996* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *#44444 \$50*
Company Tracking Number: *PR AR0038302F01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2019 Professional Errors & Omissions Liability*

Product Name: *Specialty & Training Schools*
Project Name/Number: *Specialty & Training Schools/PR AR0038302F01*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$0.00	12/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
44444	\$50.00	11/26/2008

SERFF Tracking Number:	PHLX-125927996	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	#44444 \$50
Company Tracking Number:	PR AR0038302F01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2019 Professional Errors & Omissions Liability
Product Name:	Specialty & Training Schools		
Project Name/Number:	Specialty & Training Schools/PR AR0038302F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/09/2008	12/09/2008

<i>SERFF Tracking Number:</i>	<i>PHLX-125927996</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>#44444 \$50</i>
<i>Company Tracking Number:</i>	<i>PR AR0038302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Specialty & Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty & Training Schools/PR AR0038302F01</i>		

Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHLX-125927996* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *#44444 \$50*
Company Tracking Number: *PR AR0038302F01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2019 Professional Errors & Omissions Liability*

Product Name: *Specialty & Training Schools*
Project Name/Number: *Specialty & Training Schools/PR AR0038302F01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Educators Professional Liability - Tutoring Operations	Approved	Yes

SERFF Tracking Number: PHLX-125927996 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #44444 \$50
 Company Tracking Number: PR AR0038302F01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
 Product Name: Specialty & Training Schools
 Project Name/Number: Specialty & Training Schools/PR AR0038302F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Educators Professional Liability - Tutoring Operations	PI-VS-004	(10/08)	Endorsement/Amendment/Conditions		0.00	PI-VS-004.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EDUCATORS PROFESSIONAL LIABILITY - TUTORING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION I - COVERAGE

COVERAGE A of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM** is extended to provide Professional Liability Coverage, subject to the following:

A. INSURING AGREEMENT

1. We will pay those sums that the insured becomes legally obligated to pay as "damages" because of:
 - a. An error or omission as respects tutoring services; or
 - b. An error or omission as respects admissions practices

to which this insurance applies. We will have the right and duty to defend any "suit" seeking these "damages." We may at our discretion investigate and settle any claim or "suit." But:

 - a. The amount we will pay for "damages" is limited as described in **SECTION III - LIMITS OF INSURANCE**; and
 - b. Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under **COVERAGES A** or **B**, or medical expenses under **COVERAGE C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **SUPPLEMENTARY PAYMENTS**.

2. This insurance applies only if:
 - a. The error or omission takes place in the "coverage territory"; and
 - b. The error or omission occurs during the policy period.

B. EXCLUSIONS

1. The exclusions included in the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM, COVERAGE A**, or made part of that form by endorsement, will also apply to the Professional Liability Coverage. In those exclusions, the terms "bodily injury" or "property damage" are replaced by the term "damages" with respect to the coverage provided by this endorsement.
2. In addition, Professional Liability Coverage does not apply to "damages" arising out of:
 - a. The rendering or failure to render any ear piercing, chiropody, hearing aid, optical or optometric service or treatment, or the rendering or failure to render professional services in connection

with the making of a blood donation.

- b. The rendering or failure to render professional services by any physician, surgeon, dentist, psychiatrist, anesthesiologist, nurse anesthetist, nurse midwife, x-ray therapist, radiologist, chiropodist, chiropractor, optometrist, veterinarian, real estate or investment manager, lawyer, engineer, architect or accountant or any consultant, including but not limited to, computer systems, management, financial or business consultants.
- c. The assumption of liability in a contract or agreement. This exclusion does not apply to liability for "damages" that the insured would have in the absence of the contract or agreement.
- d. The performance by any insured of a criminal or fraudulent act.
- e. The prescription, utilization, furnishing or dispensing of drugs, or medical, dental, or nursing supplies or appliances, except as directed by a physician and in the normal practice as a school nurse.
- f. Discrimination or alleged discrimination on account of, but not limited to, race, disability, religion, sex, age or national origin.
- g. Any demotion, dismissal, failure to promote or any other employment related practice.
- h. Any obligation for which the insured may be held liable under the Employment Retirement Income Security Act of 1974 (as amended) or any similar federal or state law.
- i. Any claim, obligation, offense or expense based upon, arising out of, directly or indirectly resulting from or in consequence of, audit exceptions, questioned costs or expenditures, administration or the wrongful receipt or usage of any federal or state funding, including but not limited to, Department of Labor Program Funds and Job Training and Partnership Act funds.
- j. Any claim alleging, arising out of or resulting, directly or indirectly, from any guarantee or express warranty; or any representation that a client will attain a grade level or acquire a skill within a specified time period or by a deadline; or liquidated damages; or the collection of or seeking the return of fees or other compensation paid to an insured; or your cost of providing, correcting or re-performing or completing any professional services; or any insured's fees, cost or profit guarantees, cost representations, contract price, or estimates of probable costs or cost estimates being exceeded.

SUPPLEMENTARY PAYMENTS

The Professional Liability Coverage is subject to the **SUPPLEMENTARY PAYMENTS** section of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**.

SECTION II - WHO IS AN INSURED

With respect to the coverage described in this endorsement, **SECTION II - WHO IS AN INSURED** of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM** is replaced as follows:

- A. If you are designated in the Declarations as:
 - 1. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - 2. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.

3. An organization other than a partnership or joint venture, you are an insured. Your executive officers and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

B. Each of the following is also an insured:

1. Your:

- a. "Employees"; and
- b. Students in training;

but only for acts within their status as "employees" or students in training for the Named Insured. However, none of these "employees" or students in training is an insured for:

- a. "Damages" arising out of providing or failing to provide professional health care services as a physician or dentist, or as a person responsible for the supervision of any of the above named professionals;
- b. "Damages" to you or any of your "employees" or students in training;
- c. Damage or destruction of property owned, occupied by, rented to or loaned to you or any of your "employees" or students in training;
- d. "Damages" arising out of providing or failing to provide professional services or advice as an attorney, accountant, architect, engineer, or as a person responsible for the supervision of any of the above named professionals.

2. Any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will be deemed to be a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization, or the end of the policy period, whichever is earlier; and
- b. Professional Liability Coverage does not apply to an error or omission that occurred before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

SECTION III - LIMITS OF INSURANCE

The Professional Liability Coverage is included as part of **COVERAGE A** in **SECTION III - LIMITS OF INSURANCE** of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**. A separate limit of insurance is not provided for Professional Liability Coverage.

In addition, it is agreed that:

- A.** All Professional Liability Coverage claims will be combined with all other claims subject to the General Aggregate Limit.
- B.** With respect to the Professional Liability Coverage, an error or omission for which this insurance applies shall be considered an "occurrence" and is subject to the Each Occurrence Limit.

- C. Interrelated errors or omissions or a series of similar or related errors or omissions shall be:
1. Considered a single "occurrence"; and
 2. Considered to have occurred only during the policy period or during any prior or subsequent policy period in which the earliest of the interrelated errors or omissions, or the earliest of a series of similar or related errors or omissions, occurred. All resulting claims shall be assigned to only one policy (whether issued by this or any another insurer) and if that is this policy, only one Occurrence Limit shall apply.

SECTION IV - CONDITIONS

The Professional Liability Coverage is subject to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**.

In addition, it is agreed that:

- A. Under **SECTION IV.**, Paragraph **2. Duties In The Event of Occurrence, Offense, Claim Or Suit**, an error or omission which may result in a Professional Liability Coverage claim will be subject to the same requirements as an "occurrence."
- B. Under **SECTION IV.**, Paragraph **4. Other Insurance**, Subsection **b. Excess Insurance**, the following is added to the first paragraph:

(4) If the coverage is provided under this policy by the Educators Professional Liability Coverage Endorsement.

- C. The following condition is added to **SECTION IV**:

10. Two Or More Coverage Forms Or Policies Issued By Us

It is our stated intention that the various coverage parts or policies issued to you by us, or any company affiliated with us, do not provide any duplication or overlap of coverage for the same claim or "suit." We have exercised diligence to draft our coverage parts or policies to reflect this intention, but should the circumstances of any claim or "suit" give rise to such duplication or overlap of coverage then, notwithstanding the other insurance provision, if this policy and any other coverage part or policy issued to you by us, or any company affiliated with us, apply to the same error or omission, occurrence, offense, wrongful act, accident or loss, the maximum Limit of Insurance under all such coverage parts or policies combined shall not exceed the highest applicable Limit of Insurance under any one coverage part or policy.

This condition does not apply to any Excess or Umbrella Policy issued by us specifically to apply as excess insurance over this policy.

SECTION V - DEFINITIONS

The Professional Liability Coverage is subject to **SECTION V - DEFINITIONS** of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**.

In addition, it is agreed that:

- A. With respect to the Professional Liability Coverage, The definition of "suit" is amended as follows:

"Suit" means a civil proceeding in which "damages" to which this insurance applies are alleged. "Suit" includes:

1. An arbitration proceeding in which such "damages" are claimed and to which you must submit or do submit with our consent; or
2. Any other alternative dispute resolution proceeding in which such "damages" are claimed and to which you submit with our consent.

B. The following definition is added:

"Damages" shall mean money an insured is legally obligated to pay as damages or settlement. But, "damages" shall not include:

1. Criminal or civil fines or penalties imposed by law;
2. Taxes;
3. Matters deemed uninsurable under the law to which this policy shall be construed; or
4. Punitive or exemplary damages, or the multiple portion of any damages award.

<i>SERFF Tracking Number:</i>	<i>PHLX-125927996</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PR AR0038302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Specialty & Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty & Training Schools/PR AR0038302F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125927996 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #44444 \$50
Company Tracking Number: PR AR0038302F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
Product Name: Specialty & Training Schools
Project Name/Number: Specialty & Training Schools/PR AR0038302F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/09/2008
Comments:
Attachments:
ARPCTDforms.PDF
ARFFS-1.PDF

Satisfied -Name: Explanatory Memo **Review Status:** Approved 12/09/2008
Comments:
Attachment:
Explanatory Memo.PDF

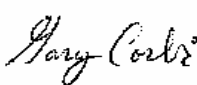
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Philadelphia Insurance Companies				Group NAIC #	0677
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

5. Company Tracking Number	PR AR0038302F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gary F. Corbi One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Product Development Specialist	610-617-5980	610-471-0946	
7. Signature of authorized filer				
8. Please print name of authorized filer	Gary F. Corbi			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only			
10. Sub-Type of Insurance (Sub-TOI)	17.2019 Professional Errors & Omissions Liability			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A			
12. Company Program Title (Marketing Title)	Educators Professional Liability Tutoring Operations			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	1/10/2009	Renewal:	1/10/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	December 2, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	PR AR0038302F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Philadelphia Indemnity Insurance Company files for your review, and where required approval the attached Educators Professional Liability - Tutoring Operations Endorsement PI-VS-004 (10/08) for use with our currently approved Educational Schools program. This endorsement modifies the Commercial General Liability Coverage Part to provide coverage of damages arising from errors or omissions respecting tutoring services or admissions practices.

Rating for this form was previously approved in your state, effective February 26, 1996, under our filing number 72222. As we will be using currently approved rating, this filing will not have any rate level effect.

This is a new form. It does not replace any existing form.

A Forms Explanatory Memorandum is also attached. It provides additional detail about this endorsement.

We would like to implement this filing for policies effective on and after the earlier of January 10, 2009 or the first date possible after receiving your Department's approval.

Our domiciliary state of Pennsylvania approved this filing, effective January 10, 2009.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 444444 Amount: \$50.00 </div> <div style="margin-bottom: 20px;"> SERFF Filing #: PHLX- </div> <div style="text-align: center; margin-top: 40px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PR AR0038302F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	None
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Educators Professional Liability - Tutoring Operations	PI-VS-004 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
16			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Philadelphia Indemnity Insurance Company
Forms Explanatory Memorandum
Professional Liability
Educators Schools Program

Philadelphia Indemnity Insurance Company is introducing an independent professional liability endorsement which we plan to make available for risks with tutoring services exposures.

This new endorsement will be used on a mono-line or package basis in conjunction with the applicable Insurance Services Office General Liability coverage form and amendatory endorsements filed on our behalf.

A copy of the endorsement is enclosed for your review. Below is an explanation of the endorsement.

1. Educators Professional Liability – Tutoring Operations PI-VS-004 (10/08)

This optional endorsement amends the ISO Commercial General Liability Coverage Form to include coverage for damages arising from errors or omissions in the providing of tutoring services or in admissions practices. Payments made under this coverage are included in the Limits of Insurance for Coverage A under the Commercial General Liability Coverage Form.

We will use rates previously approved for use with Educators Professional Liability form PI-VS-001 (8/95) under our filing number 72222 as rating for this new endorsement.

PI-VS-004 is almost identical to PI-VS-001. The only differences are in the Insuring Agreement reflecting the different risks presented by Tutoring Operations as opposed to Educators at Vocational Schools and the presence of an additional exclusion in PI-VS-004 concerning client performance guarantees or representations (exclusion j.).